

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. S. No. 2

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>481a</u>	
District of <u>Davidson</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. _____	
Town of _____		Local Registrar No. _____	
or			
City of <u>Tucson</u>	No. <u>R.D. 2.</u>	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Ralph James</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>4</u>
6. Legitimate? <u>yes.</u>	7. Date of birth <u>April 2, 1920</u>	(Month, day, year)	
8. FATHER Full name <u>John Henry James</u>		14. MOTHER Full maiden name <u>Rhoda May Nelson James</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>Tucson</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Tucson</u>	
10. Color or race <u>American</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>American</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Colonia Diaz</u> (State or country) <u>Chih. Mex.</u>		18. Birthplace (city or place) <u>Leave Valley</u> (State or country) <u>Chih. Mex.</u>	
13. Occupation Nature of Industry <u>Farmer</u>		19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>—</u> (c) Stillborn <u>—</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Mrs. Louisa Done</u> (Physician or midwife)	
Address <u>Tucson, R.D. 2, Box 131</u>		Local Registrar <u>A. H. Schraefel</u>	
Given name added from a supplemental report <u>9/2-402-955</u> (Month, day, year)		Filed <u>10-25</u> , 19 <u>20</u>	
Registrar _____		County Registrar _____	